

## 11 Certification by the General Manager and the Responsible Accounting Officer

I certify that to the best of my knowledge the information provided in this application is correct and complete.

*Glenn Handford*

General Manager (name): GLENN HANDFORD

Signature Date: 25/3/11

Responsible Accounting Officer (name): GARY COLLINS

Signature Date:

*Gary Collins* 25/3/11

Once signed, this certification must be scanned and emailed to [localgovernment@ipart.nsw.gov.au](mailto:localgovernment@ipart.nsw.gov.au).